

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/674616

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1.						
2.						
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14.						
15.	1					
16.	1		1			
17.	1					
18.			1			
19.	2		1			
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50.						
TOTAL IND.			3			
TOTAL DEP.			6		10	
TOTAL CLAIMS			9		11	

NO.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51.						
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100.						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						